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|   |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|---|---|--|------------------------------------|---|----------------------------------|---------------------------------------|------------|------------|--|--------------|----------------------------------|-------------------------|---|----------------------------------|-----------|--|------------------------|-----------|---|-------|-----|----------------------------------|---------------------|------------------------------|--|-----------|-------|---|---|--------------|--|-----|-------|-------|-----|---------------------|--|--|--|--|--|----|--|--|--|--|--|-----------------|--|-----------------|--|--|----|-----------------|--|----|-----------------|--|--|---|---|--|--|--|---|--|--|------------|------------|------------|-----------|----------------------------------|--|------------------------------------|---------------|-----------|---------------------|------------------------|-----|-------|-------|-----|--------------|---------------------|------------------------------|-----|-------|-------|-----|----|--|--|--|--|--|--|----|--|--|--|--|--|--|----|--|--|--|--|--|--|-----------------|--|--|--|--|--|----|-----------------|--|--|--|--|--|--|--|---|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |  |                                    | Application or Docket Number<br><b>10/603,863</b> | Filing Date<br><b>06/26/2003</b> | <input type="checkbox"/> To be Mailed |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY</td> </tr> <tr> <td>FOR</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td>minus 20 =</td> <td>*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td>minus 3 =</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table>  |   |  |                                    |   |                                  |                                       | (Column 1) | (Column 2) | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | FOR          | NUMBER FILED                     | NUMBER EXTRA            | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                              | N/A       | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A                    | N/A       | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A   | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 =          | *                            | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | *     | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| FOR   | NUMBER FILED  | NUMBER EXTRA   |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
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| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
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| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |  |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
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| (Column 1)  | (Column 2)  | (Column 3)   | SMALL ENTITY                       | OR  | OTHER THAN SMALL ENTITY          |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| 01/04/2007  |   |  |                                    |   | ADDITIONAL FEE (\$)              |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| Total (37 CFR 1.16(i))  | * 7   | Minus  | ** 29                              | = 0   | OR RATE (\$)                     |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| Independent (37 CFR 1.16(h))  | * 2   | Minus  | *** 8                              | = 0   | ADDITIONAL FEE (\$)              |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |  |                                    |   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |  |                                    |   | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|   |   |  |                                    | OR  | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|   |   |  |                                    |   | 0                                |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> </tr> <tr> <td>AMENDMENT</td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td></td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td>RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* 7</td> <td>Minus</td> <td>** 29</td> <td>= 0</td> <td>OR RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* 2</td> <td>Minus</td> <td>*** 8</td> <td>= 0</td> <td>OR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td></td> <td></td> <td>OR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td></td> <td></td> <td>OR</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>OR</td> <td>TOTAL ADD'L FEE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> </table>   |   |  |                                    |   |                                  |                                       | (Column 1) | (Column 2) | (Column 3)   | AMENDMENT    | CLAIMS REMAINING AFTER AMENDMENT |                         | HIGHEST NUMBER PREVIOUSLY PAID FOR                                  | PRESENT EXTRA                    | RATE (\$) | ADDITIONAL FEE (\$)  | Total (37 CFR 1.16(i)) | * 7       | Minus   | ** 29 | = 0 | OR RATE (\$)                     | ADDITIONAL FEE (\$) | Independent (37 CFR 1.16(h)) | * 2                                    | Minus     | *** 8 | = 0   | OR  |              | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))             |     |       |       |     | OR                  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |    | OR   |  |  |  |  |                 |  | TOTAL ADD'L FEE |  |  |    |                 |  | OR | TOTAL ADD'L FEE |  |  |   |   |  |  |  | 0 |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| (Column 1)  | (Column 2)  | (Column 3)   |                                    |   |                                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| AMENDMENT   | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| Total (37 CFR 1.16(i))  | * 7   | Minus  | ** 29                              | = 0   | OR RATE (\$)                     | ADDITIONAL FEE (\$)                   |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| Independent (37 CFR 1.16(h))  | * 2   | Minus  | *** 8                              | = 0   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |  |                                    |   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |  |                                    |   | OR                               |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|   |   |  |                                    |   | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|   |   |  |                                    | OR  | TOTAL ADD'L FEE                  |                                       |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |
|   |   |  |                                    |   |                                  | 0                                     |            |            |  |              |                                  |                         |   |                                  |           |  |                        |           |   |       |     |                                  |                     |                              |  |           |       |   |   |              |  |     |       |       |     |                     |  |  |  |  |  |    |  |  |  |  |  |                 |  |                 |  |  |    |                 |  |    |                 |  |  |   |   |  |  |  |   |  |  |            |            |            |           |                                  |  |                                    |               |           |                     |                        |     |       |       |     |              |                     |                              |     |       |       |     |    |  |  |  |  |  |  |    |  |  |  |  |  |  |    |  |  |  |  |  |  |                 |  |  |  |  |  |    |                 |  |  |  |  |  |  |  |   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Legal Instrument Examiner:  
Patsy Zimmerman